

Important Update

Information as of August 08,2002

Definitions:

Placeholder status: This is achieved by the family/applicant sending one of the mailings received by Basic Health (BH) or Medical Assistance Administration (MAA) (postcard, application, or sponsor certification form).

Priority status: If the family/applicant submits one of the items listed above, they will be given priority to enroll regardless if a waiting list exists as long as state funds are available.

Temporary enrollment status: As long as one of the placeholders has been received by Basic Health by the deadline for October or November coverage, the transition families will be temporarily **eligible to enroll** in BH (money still needs to be received before they become enrolled).

1. How would the family receive temporary enrollment status with BH?

- The best way is to send in a completed BH application.
- The family may submit the postcard, application or a signed sponsor certification form.
- Also, MAA (MAA) will notify BH of placeholder status they receive as a result of one of their mailings.

The applications and postcards have a unique Identification number that will identify family members eligible for coverage due to their loss of coverage with MAA.

For families that return only the sponsor certification form, the sponsor will add information such as the names and birthdates of family members, case number, etc. This will assist BH in identifying the family/applicant once the information is received at BH so they can be readily noted as part of the priority population.

2. How will the monthly premiums be determined for families temporarily enrolled in Basic Health?

Basic Health will calculate premiums based on information provided by the enrollee. If this information is not sufficient, BH will also use the most recent income and family information received from MAA.

3. I have been told that the transition families will not be responsible for premiums the first two months. Is this true?

The member premium share must be paid from some source other than state funds. The possible sources for paying the premium share include outside donations, payments from sponsoring organizations or individual payments from the families.

4. The family income fluctuates because of a seasonal worker. What if they make too much money?

Basic Health can average the family income if a family member works only part of the year. A form is available on the BH Web site <http://maawebstage.dshs.wa.gov/bhptransition/index.html>. See the section titled **Basic Health Transition information and forms**.

5. Once a family/applicant receives temporary enrollment status, what must they do to continue coverage with Basic Health?

All families who achieve temporary coverage will be required to submit all necessary documentation to determine continued eligibility no later than November 30, 2002.

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- If the family/applicant has submitted an application and is eligible for BH coverage, no additional documents are needed, unless the family has had a change in income or family size.

The requirements will depend on what was initially submitted.

For example:

- If the postcard or sponsor certification form is the only item submitted, the family/applicant is required to submit the transition application and all supporting documentation.
- If an application was received but incomplete, BH would only require supporting documentation. Documentation must be submitted to BH no later than November 30, 2002.
- Payment for coverage: Families who were eligible for BH and received payment assistance for October and/or November will be required to pay the premium for December coverage or be enrolled through a sponsoring organization (who will pay the premium for them).

6. What if the applicant waited to send any application or card in until after September 7 but before October 1, would they get temporary enrollment status?

They would receive a "temporary offer" for November coverage.

7. Would the applicant still have to send everything in by November 30, 2002?

Yes. All required information would still need to be submitted to BH by November 30, 2002.

8. What if the applicant wants to ensure that there is not a gap in medical coverage, regardless of whether there is some other funding source available?

All applicants, eligible or placeholder status populations received in BH by September 7 will be offered temporary enrollment coverage (if applicable, verified applicants will be automatically eligible) and will be billed on or about September 9. Individual premiums are due September 23.

9. What plan will the family be enrolled in if someone else pays the premium and they have not selected or didn't indicate a plan on the application?

If the enrollee pays the invoice, the health plan options will be listed on the notice. If the enrollee does not select a health plan they will be assigned the low cost plan (Bench Mark plan). However, if there are two low cost plans (10 counties would be affected) alternate plan assignment will occur. If BH is aware of their preference they will be assigned to that plan.

10. If the applicant is temporarily enrolled, what happens if they do not submit missing items so BH can determine if they eligible for continued coverage?

Unfortunately they would be disenrolled from Basic Health, as we cannot verify if they are eligible for continued enrollment in the program.

11. What happens if the family/applicant waits until after October 7 to submit anything?

The family/applicant must submit **something** no later than October 31 (i.e. sponsor certification form, application, postcard) in order to retain priority status. If they wait until after October 7, but before October 31, 2002, the application will be processed once received, within the normal

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timeline. They will be billed for the next coverage month available after the eligibility determination is made.

They must submit a completed application to receive an enrollment offer after the October 7 deadline. The card or the sponsor certification form will only hold their priority status. They will not receive temporary enrollment coverage after October 7.

12. What if the family/applicant does not want coverage until next year?

They will lose their priority status. If there is a waiting list they will be required to wait until space is available.

Also, if they wait to submit information to BH, they will have a break in health coverage.

13. Will I have an opportunity to change plans?

As long as you obtained coverage in October, November or December 2002, you will have an opportunity to change your health plan for January coverage. This change will be effective January 1, 2003. It is important to note that the whole family **must** be enrolled in the same health plan.